Transmittal #91-25
ATTACHMENT 4.18-E
Page 1
OMB No.: 0938-

HCFA ID: 7986E

Revision:	HCFA-PM-91- 4	(BPD)

AUGUST 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT						
	State/Territor	y: OREGON				
	Optiona Qualifi	l Sliding Scale Premiv ed Disabled and Worki	ums Imposed on ng Individuals			
Α.	The following method qualified disabled ar 1902(a)(10)(E)(ii) of	nd working individuals	the monthly premium imposed on covered under section			
В.	for premium payment.	notification of the c	s as follows (include due date consequences of nonpayment, and of premium payment):			
*Description provided on attachment.						
	No. <u>9/-25</u> ersedes Approval No	Date 1/23/92	Effective Date 11/1/91			

Rev	ision:	HCFA-PM-91	- 4 (BP	D)		ATTACH Page 2	nittal #91 IMENT 4.18 2 2:0938-		
		STATE PLA	N UNDER T	TITLE X	IX OF THE	SOCIAL S	ECURITY A	CT	
		State/Terri	tory:	OREGO	ONN				
c.	State	or local fu	nds under	other	programs	are used	to pay fo	or premiums	:
	/	Yes			No				
			<i>6</i>			.		-:	
D.	a prem	riteria used mium because	it would	cause	an undue	hardship	on an in	dividual ar	e 01
	descr	ibed below:							
			l on sees	.hman+					
*D6	secript	ion provided	on actac	ment.					

Approval Date 1/23/92

Effective Date 11/1/91

HCFA ID: 7986E

TN No. 9 Supersedes TN No. ___